

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 0 6

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

April 1, 2002

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130(d) * 42 CFR 440.230(d)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-
b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 6b
Attachment 3.1-B, Page 5e9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Same, Approved 12-21-01, TN 01-35
Same, Approved 12-21-01, TN 01-35

10. SUBJECT OF AMENDMENT:

The Arkansas Title XIX State Plan has been amended to reflect that RSPMI Medication Maintenance by a Physician will require prior authorization for recipients under age 21. This service was inadvertently omitted as requiring PA in Transmittal 2001-035.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Ray Hanley

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

February 25, 2002

16. RETURN TO:

Division of Medical Services
P. O. Box 1437
Little Rock, AR 72203-1437Attention: Binnie Alberius
Slot S295**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

MARCH 5, 2002

18. DATE APPROVED:

27 MARCH 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APRIL 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

CALVIN G. CLINE

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:



**DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services**

Calvin G. Cline
Associate Regional Administrator, Medicaid and State Operations

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

March 27, 2002

Our Reference: SPA-AR-02-06

Mr. Ray Hanley, Director
Division of Medical Services – Slot 1103
Arkansas Department of Human Services
Post Office Box 1437
Little Rock, Arkansas 72203-1437

Dear Mr. Hanley:

Enclosed is a copy of the HCFA-179 form referencing Transmittal Number AR-02-06 and dated March 5, 2002. This amendment requires prior authorization of medication maintenance by a physician for Rehabilitative Services for Persons with Mental Illness under the age of 21 to determine and verify the patient's need for the services.

The amendment has been approved and will be incorporated into the official Arkansas State Plan effective April 1, 2002. If you have any questions, please call J. P. Peters of my staff. Ms. Peters may be reached by calling (214) 767-2628 or by E-mail at jpeters@cms.hhs.gov.

Sincerely,

Calvin G. Cline
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure

cc: Elliott Weisman, CMSO



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 5e

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: April 1, 2002

MEDICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (Continued)

1. Rehabilitative Services for Persons with Mental Illness (RSPMI) - (Continued)

b. Acute Day Treatment ¹

c. Restricted RSPMI Services

- Assessment-Reassessment and Plan of Care
- Crisis Stabilization Intervention ¹
- On-Site Intervention ^{1,2}
- Off-Site Intervention ^{1,2}
- Rehabilitation Day Services ^{1,2}

d. Other RSPMI Services

- Crisis Intervention
- Physical Examination
- Medication Maintenance by a Physician ^{1,2}
- Periodic Review of Plan of Care
- Routine Venipuncture for Collection of Specimen
- Catheterization for Collection of Specimen
- Collateral Intervention ²
- Inpatient Visits in Acute Care Hospitals by Board Certified Psychiatrists

¹ Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

² Effective April 1, 2002, these services require prior authorization for eligible Medicaid recipients under age 21 to determine and verify the patient's need for services.

SUPERSEDES TN- AR 01-35

STATE <u>Arkansas</u>	A
DATE REC'D <u>03-5-02</u>	
DATE APPV'D <u>03-27-02</u>	
DATE EFF <u>04-01-02</u>	
HCFA 179 <u>AR 02-06</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 6b

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: April 1, 2002

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (Continued)

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